

Examiner-TC

Prepared by

Date _____

~~YES~~ ~~NO~~ Primary Examiner box complete.
~~YES~~ ~~NO~~ Issuing Classification complete.

~~YES~~ NO Examiner's initials or cross-through lines supplied for each item cited by applicant.
YES NO Date(s) supplied/complete on all PTO-1449/892 sheets. (Month and year required.)

SPEC: ~~YES~~ ~~NO~~ Brief Description of Drawings includes description of each figure in drawings.
~~YES~~ ~~NO~~ Continuing data is mentioned in 1st paragraph. (Can be an insert.)

~~YES~~ NO Claims listed on Notice of Allowability match allowed claims and/or index of claims.
~~YES~~ NO Claims correctly numbered in index.
 (No duplicate or missing claim numbers.)
 (No incorrect dependencies.)

YES NO If necessary (biological sequence listing).

YES ☒ NO ☐ Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.

☒ YES ☐ NO Initialed BIB Sheet in file.